



Signature: C/

Printed Name:

Capacity/Title:

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME 2004 JUN 15 AM 8: 31

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

JIATE

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The assumed business name which the undersign business is:  Jubi lee Unideate	ned use(s) in the transaction of
2. The true name(s) and business address(es) of the business under the assumed business name:  Name  Helly Matheway	e entity or individual(s) doing  Complete Address  2487 North Sitka Drive  Boise, ID 83713
3. The general type of business transacted under the Retail Trade Transportation and Wholesale Trade Construction  Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):  426 \$34-2301  Secretary of State use only

Revised 04/2003

IDAHO SECRETARY OF STATE **96/15/2004 05:00** CK: 5896 CT: 158010 BH: 750488 1 0 25.00 = 25.00 ASSUM NAME # 2

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